FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

PI	
OMB APP	ROVAL
OMB Number:	3235-0076
Evnires	May 21 2005

OMB APP	HUVAL						
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours per respo	nse16.00						

SEC USE ONLY							
Prefix	Serial						
	_						
DATE RECE	IVED						
. 1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Membership Units of Plastic Trim, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE PECEN DOWN
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer.	WOV O S JUUN A
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Plastic Trim, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3909 Research Boulevard Beavercreek, Ohio 45430	(937) 429-14,00
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Manufacturing and sale of plastic trim parts for the automobile industry	PPACECE!
	lease specify): I liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D'o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplement be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessifiling of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)



A BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: X Promoter Beneficial Owner. Executive Officer Director General and/or Managing Partner C. William Mercurio Full Name (Last name first, if individual) 3909 Research Boulevard Beavercreek, Ohio 45430 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner. Check Box(es) that Apply: Executive Officer General and/or Director Managing Partner John A. Keighley Full Name (Last name first, if individual) 3909 Research Boulevard Beavercreek, Ohio 45430 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter. Beneficial Owner General and/or Executive Officer Director Managing Partner Dan Schwanitz Full Name (Last name first, if individual) 3909 Research Boulevard Beavercreek, Ohio 45430 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Director Managing Partner Hugh E. Wall III Full Name (Last name first, if individual) 3909 Research Boulevard Beavercreek, Ohio 45430 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner. Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code). Check Box(es) that Apply: . Executive Officer Promoter . Beneficial Owner. Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 1	SECRMAT	ION ABOL	LOFFERI	NG				
_	11		I J 41			II to o			41.5 60	· 9		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										×			
2.											§ 5,000)	
	Wildt is		ant mvestn	ient tilat v	in be acce	pica nom i	ing marvid			••••••	•••••	Yes	No
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?	***************************************	**************	•••••				×
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, ar commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state				
Ful	l Name (Last name	first, if indi	ividual)					_				
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, 2	Cip Code)						
Naı	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	·····	•••••••••••				••••••••		States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	 Purchasers						
	(Check	"All States	" or check	individual	States)			***************************************	,			☐ All	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)			<u></u>		······································				
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)	-					
Naı	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
	(Check	"All States	" or check	individual	States)	••••••	•••••••••					☐ A11	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. DEFERING PRICE. NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric	c	Amount Already Sold
	Debt	\$ 0		\$ 0
	Equity	·		\$ 0
	☐ Common ☐ Preferred		_	
	Convertible Securities (including warrants)	\$ 0		\$ 0
	Partnership Interests		_	§ 0
	Other (Specify LLC Membership Units		_	\$ 90,000
	Total			\$ 90,000
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•		Aggregate Dollar Amount of Purchases
	Accredited Investors	0		\$ <u>0</u>
	Non-accredited Investors	13		\$ 90,000
	Total (for filings under Rule 504 only)	13	_	\$ 90,000
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	none		\$ 0
	Regulation A			·\$0
	Rule 504	LLC Units	_	\$5,000
	Total	LLC Units		\$ 5,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			<u>\$</u> 0
	Printing and Engraving Costs			<u>\$</u> 0
	Legal Fees		×	\$ <u>5,000</u>
	Accounting Fees			<u>\$</u> 0
	Engineering Fees			<u>\$</u> 0
	Sales Commissions (specify finders' fees separately)			<u>\$</u> 0
	Other Expenses (identify)			<u>\$</u> 0
	Total	************	×	<u>\$ 5,000</u>

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS		\$_85,00	0
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used feach of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	nd			
			ments to		
			fficers,	ъ	
			ectors, & filiates		yments to Others
	Salaries and fees	□\$	0	□\$_	0
	Purchase of real estate	□\$_	0	 	0
	Purchase, rental or leasing and installation of machinery				,
	and equipment	🔲 💲	0	_ 🗆 \$	0
	Construction or leasing of plant buildings and facilities	🔲 \$	0	_ 🗆 \$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		0		0
	issuer pursuant to a merger)			_ 🗆 \$	0
	Repayment of indebtedness			- 🗆 \$	
	Working capital			<u>*</u> \$_	85,000
	Other (specify):	_ 🗆 \$	0	_ 🗆 \$	0
		🔲 \$	0	_ []\$_	0
	Column Totals	🗆 \$	0	_ * \$	85,000
	Total Payments Listed (column totals added)		x \$	85,000	
	D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not enature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comparison furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nission, ı	ipon writte		
Iss	ouer (Print or Type) Signature	Date	1	,	
Pla	astic Trim, LLC		1/2/	04	

C. DEFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Title of Signer (Print or Type)

Manager and CEO

Name of Signer (Print or Type)

C. William Mercurio

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
	See A	Appendix, Column 5, for state response.							
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. 								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	2 .	uer is familiar with the conditions that must be satisfied to be ent ite in which this notice is filed and understands that the issuer clair ng that these conditions have been satisfied.							
	er has read this notification and knows the content chorized person.	nts to be true and has duly caused this notice to be signed on its behal	f by the u	indersigned					
Issuer ()	Print or Type)	Signature Date //	-						
Plastic 1	Frim, LLC	(u) Mucuio 1 U/V/0	4						
Name (I	Print or Type)	Title (Print or Type)							
C. Willia	m Mercurio	Manager & CEO							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification te ULOE attach ttion of granted) Item 1)
State	Yes	No		Number of Accredited Investors	 . Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK	-	er L				1			
AZ									
AR									
CA									
со	-				:				
СТ	=								
ÐE	_								
DC				_					
FL			7						
GA						-			
ні				,		ji			
ID	-		-						
п		-							
IN									
IA									
KS			-						
KY	-								
LA									
ME				,		-			
MD									
MA									
ML	×	-	LLC Units - \$35,000	0.	\$0.	5.	\$35,000		x
MN									
MS								- -	

1	2 3				5 Disqualification				
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		-		-	-		 -		
MT				-			-		
NE				-	-	-	-		
NV					_	-			
NH	-								
NJ	-								
NM								•	
NY	-		-		-	-			
NC						-			
ND									
ОН	×		LLC Units - \$55,000	- o	\$0	8	\$55,000		×
ок									
OR		-			-				
PA									
RI					-	,- ,- ,-			
SC		-							
SD									
TN									
TX				-	-				
UT									
VT					-				
VA									
WA					-				
wv				-					
WI	i				<u> </u>		-		

				APP	NDIX					
1		2 I to sell accredited	Type of security and aggregate offering price		4 Type of investor and					
		s in State I-Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	_									